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Bib Data Sheet

CONFIRMATION NO. 4536

<b>SERIAL NUMBER</b> 10/628,794	<b>FILING OR 371(c) DATE</b> 07/28/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> LE-205J
<b>APPLICANTS</b> Robert I. Rudko, Holliston, MA; Mark R. Tauscher, Medfield, MA; Richard P. Yeomans JR., Medway, MA;				
<b>** CONTINUING DATA *****</b> <i>None NP</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None NP</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 01/05/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Alfonso</i> Examiner's Signature <i>Alfonso</i> Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 18
			<b>INDEPENDENT CLAIMS</b> 8	
<b>ADDRESS</b> Iandiorio & Teska 260 Bear Hill Road Waltham, MA02451-1018				
<b>TITLE</b> Endovascular tissue removal device				
<b>FILING FEE RECEIVED</b> 585	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	